

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Ken Morgan
 Address 1640 Hwy 587 Morgantown, MS 39483 County Morgan
 Telephone 601-731-4100 Fax _____
 Office Sought Dist. #10 Representative Email Address kmorgan@hosemann.ms.gov

☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

☐ Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>17000</u>	\$	\$ <u>17000</u>
Total amount of disbursements	\$ <u>63000</u>	\$	\$ <u>63000</u>
Total amount of cash on hand		\$ <u>497944</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Ken Morgan
Signature of Candidate

1-24-17
Date

Authority: Refer to Miss. Code Ann. § 23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Ken MorganReporting period 0-1-01-16 through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>CLAY FIAM</u>		<u>11/8/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 217</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>JACKSON MS 39205</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ <u>500.00</u>
Occupation (Required) _____		Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>INZINNA Consulting</u>		<u>12/22/16</u>	\$ <u>250.00</u>
Mailing Address <u>745 N President</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>JACKSON MS 39202</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ <u>250.00</u>
Occupation (Required) _____		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>DAKER DEVELOPMENT</u>		<u>12/21/16</u>	\$ _____
Mailing Address <u>ONE EAST OVEN 100 VISION DR. Suite 400</u>		<u>1/1/16</u>	\$ <u>200.00</u>
City, State, Zip Code <u>JACKSON MS 39211</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ <u>200.00</u>
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ATTN: MS Political Action Committee</u>		<u>12/7/16</u>	\$ <u>250.00</u>
Mailing Address _____		<u>1/1/16</u>	\$ _____
City, State, Zip Code _____		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ <u>250.00</u>
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Ken Morgan

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Capitol Resources LLC</u>		<u>10/24/16</u>	\$ <u>50000</u>
Mailing Address <u>200 North Congress Street Suite 500</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u>50000</u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee

Ken Morgan

Reporting period

01-01-16

through

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MARION Co. Chapter NWT</u>	<u>3/8/16</u>	\$ <u>380.00</u>
Mailing Address	<u>3/8/16</u>	\$
City, State, Zip Code	<u>3/8/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>380.00</u>
<u>Adv.</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>BARKER Advertising</u>	<u>3/9/16</u>	\$ <u>250.00</u>
Mailing Address	<u>3/9/16</u>	\$
<u>168 Oxmoor Rd.</u>	<u>3/9/16</u>	\$
City, State, Zip Code	<u>3/9/16</u>	\$
<u>Homewood AL</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
<u>Adv.</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$